

JUN 22 2004

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In re application of:	Burgess, Catherine et al.		
Application No.:	09/939,853	Group No.:	1631
Filed:	August 27, 2001	Examiner:	Martinell, James
For:	NOVEL HUMAN POLYPEPTIDES AND NUCLEIC ACIDS ENCODING SAME		

Practitioner's Docket No. (MPI00-633P1RM)

PATENT

## Certificate of Transmission under 37 CFR 1.8

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on June 22, 2004Paula Swirka

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Typed or printed name of person signing Certificate

## Submitted herewith:

This Certificate of Transmission under 37 CFR 1.8	1 page
Amendment and Response Transmittal	2 pages
Amendment and Response	13 pages
Copy of Previously Filed Change of Attorney Docket Number	1 page
 Total	 Pages 17 pages
	(including this cover sheet)

TO/SB/07 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

## AMENDMENT AND RESPONSE TRANSMITTAL

1. Transmitted herewith for this application are:
  - a. This Amendment and Response Transmittal (2 pages);
  - b. Amendment and Response (13 pages);
  - c. Certificate of Transmission under 37 C.F.R. 18 (1 page); and
  - d. Copy of previously filed Change of Attorney Docket Number (1 page).

## STATUS

2. Applicant is other than a small entity.

## PETITION FOR EXTENSION OF TIME

2. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicants do not believe that an extension of time is required. However, if an extension of time is required, please consider this a petition therefor.

## CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) AND 1.10\*

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(Page 1 of 2)

Practitioner's Docket No. MPI00-633P1RM**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra Rate	
Total 39	Minus 49	= 0	\$18.00 = \$0.00
Indep. 3	Minus 12	= 0	\$86.00 = \$0.00
First Presentation of Multiple Dependent Claims	0		\$290.00 = \$0.00
		Total Addit. Fee	\$0.00

Total additional fee for claims required **\$0.00****FEE PAYMENT**

5. Charge Account No. 501668 the sum of \$00 (which includes the \$00 extension fee and the \$0.00 additional fee for claims). A duplicate of this transmittal is attached.

**FEE DEFICIENCY**

6. If any additional extension and/or fee is required, charge Account No. 501668. If any additional fee for claims is required, charge Account No. 501668.

7. Correspondence Address

Direct all future correspondence to:

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OR  
Intellectual Property Department  
MILLENNIUM PHARMACEUTICALS, INC.  
40 Landsdowne Street  
Cambridge, MA 02139

June 22, 2004

MILLENNIUM PHARMACEUTICALS, INC.

By Tracy M. Sioussat  
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Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Sir:

In response to the Office action of March 22, 2004, please amend the above-identified application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 4 of this paper.

**Remarks** begin on page 11 of this paper.

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CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10\*

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